

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008443

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1730

FILED FEB 16 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT a hospital, give location)  
HOSPITAL OR INSTITUTIONSt. Louis Little Rock  
Hospital, Inc.Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4021 Nebraska

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Joseph

Middle

John

Last

Massmann

## 4. DATE OF DEATH

Month

Day

Year

February 9 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-17-1884

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Pensr. Bagg &amp; Mail Hdr

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

St. Elizabeth, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Carl Massman

## 13b. MOTHER'S MAIDEN NAME

Josephine Fleishauer

## 14. NAME OF HUSBAND OR WIFE

Catherine

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Catherine Massman, 4021 Nebraska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Complete Heart Block + failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Essential Hypertension, Arteriosclerosis

## DUE TO (c)

443x

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1958

to Feb. 6, 1962

and last saw him alive on Feb. 6

Death occurred at 9:10 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

John A. Hartwig MD.

(Degree or title)

## 22b. ADDRESS

Mo. Pacific Hospital

## 22c. DATE SIGNED

2/9/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

2-13-62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Boniface Cemetery

## 23d. LOCATION (City, town, or county)

Koeltztown, Mo.

## 24. FUNERAL DIRECTOR

Carl Birmingham Funeral Home, Vienna, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

FEB 10 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

69

71-21 . 54.

40.119p1.04

y

FOIA b(7) - D  
Exemption from disclosure applies

3291 8 YTHUITE

APPENDIX

and L.

size: 0.1

77 4891-71-11

၅၄၆၆-

91.11

brooding

SECRET

0825-51-207

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

Signed [Signature]

Licensed Embalmer No. 3657

P. O. Address M. Leroy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

...M. ...